There are other results given, one of which is that "interhemispheral degenerations tend to scatter and do not pass between identical areas of the two hemispheres."

Vergleichend-entwickelungsgeschichtliche und anatomische Studien im Bereiche des Centralnervensystems. II. Ueber die Fortsetzung der hinteren Rückenmarkswurzeln zum Gehirn. Dr. L. EDINGER. Anatomischer Anzeiger, No. 4, 1889. Rev. in Neurolog. Centralbl, by P. Kronthal.

As the result of his own investigations on the spinal cord of the frog, Edinger has determined that voluminous fiber bundles arise from the posterior cornua and pass ventrad, crossing with those of the opposite side, both ventrad and dorsad of the central canal. After decussation these fibers pass cephalad for the most part in the anterior and to a small extent in the lateral columns. This crossing occurs in mammals also, but in man has escaped observation because it is inconspicuous in frontal sections. The path of the sensory nerves is, therefore: peripheral end organ, nerve, cell of the spinal ganglion, posterior root, union with a second nucleus, decussation, continuation to the lemniscus, whither the antero-lateral columns pass. The view that all the sensory fibers do not run in the posterior columns is supported by observations in tabes as well as by physiological experiments.

Progressive neurotische Muskelatrophie. DR. J. HOFFMANN. XIV Wanderversammlung südwestdeutscher Neurologen und Irrenärzte, Mai, 1889. Abstract in Neurolog. Centralbl, No. 13, 1889, by Dr. L. Laquer.

To the disease described by him under this name Hoffmann adds some anatomical facts. He cites several cases where the anatomical changes have been recorded and concludes that the following are made out: centripetal degeneration of the motor and sensory peripheral nerves, similar degeneration of the anterior and posterior spinal nerve roots, degeneration of the posterior columns in the lumbar region—from there cephalad only the columns of Goll are involved—, atrophy and disappearance of the multipolar ganglion cells of the anterior conua, with changes in the muscles as elsewhere described. Neither amyotrophic lateral sclerosis nor the various forms of poliomyelitis anterior nor Friedrich's disease (hereditary ataxia) nor ependymal sclerosis nor multiple neuritis produce such changes. From the lesion of tabes dorsalis it is distinguished by the immunity of the columns of Burdach above the lumbar region. (In a case quoted from Gombault and Mallet it is stated that the degeneration of all the fibers connected with the posterior root ganglion takes place while the ganglion cells remain normal! REV.)

Anatomische Untersuchung eines Falles von amyotrophischer Lateralsklerosis. DR. OTTO DORNBLÜTH. Originalmittheilung, Neurolog. Centralbl. No. 13, 1889.

This interesting case is given with some detail. At the end of the article there is a summary from which we take the following:

In a woman of 58 years with hereditary taint, and who had suffered from folie circulaire for 4 years, and exhibited increased muscular irritability for some time, there suddenly appeared paralysis of the